

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		10	8-14-01
FORMALITY REVIEW	S-A	1085	9-24-01
RESPONSE FORMALITY REVIEW	S-I	1021	11-06-01

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	10/15/01
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14	✓
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16	N
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19	✓
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23	✓
24	N
25	N
26	N
27	N
28	N
29	N
30	N
31	N
32	N
33	N
34	N
35	N
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37	N
38	N
39	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

926 101  
927 102  
928 103  
R E S P - 832  
15-06-01